## PART B - FEE(S) TRANSMITTAL ۱P O Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 JAN 1 5 2007 or Fax (571)-273-2885 should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where produce including the atom, advance orders and notification of maintenance fees will be mailed to the current correspondence address as ow the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for INSTRUCTIONS: This form as appropriate. All further correspond indicated unless corrected below maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Foo(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for my change of address) G. LINK CO., LTD. Certificate of Mailing or Transmission I bereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 3550 BELL ROAD MINOOKA, IL 60447 JAO-CHING LIN (Depositor's name) (Siecature) (Date) 01/15/2007 ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE JAO-CHING LIN 10/776,976 02/12/2004 01/16/2007 TBESHAH2 00000011 1077697<sup>3230</sup> TITLE OF INVENTION: METHOD AND CONTROLLER FOR IDENTIFYING COMPLETAP GESTURES 81 1.2591 700.00 OP 390.00 OP 02 FC:1504 PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL PER(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY ISSUE FEE DUE \$700 \$300 \$1000 01/18/2007 YES nonprovisional **EXAMINER** ART UNIT CLASS-SUBCLASS 345-173000 050RZO, RZE:ARPO 2424 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, atternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEB NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this forta is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE

Authorized Signature

Typed or printed name \_\_JAO-CHING LIN

Jao- China

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Date 01/15/2007

Registration No.

SENTELIC CORPORATION	TAIPEI, TAIWAN
Please check the appropriate assignee category or categories (will not be	e printed on the patent): 🔲 Individual 🗹 Corporation or other private group entity 🚨 Government
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